

OFFICE OF LAND QUALITY
FACILITIES DATA ANALYSIS SECTION
ANNUAL MANIFEST REPORT

Report Year: 2004

RCRA ID: IND 006 049 456

COUNTY: Delaware

HANDLER NAME: Mid City Plating Company Inc

Date Received 05 / 05 / 2005 logged in by MDW

Hard Copy Submission: ☐

Date of data entry / / by

Electronic Submission: ☒

Date loaded into database DEC 27 2005 by MDW

Initial Review DEC 27 2005 by MDW

Comparison Review / / by

Correction Letter Sent / / by

Correction Letter Sent / / by

[illegible]



MAR 01 2005

OFFICE OF LAND QUALITY

ID FORM 2004

5/5

HAZARDOUS WASTE HANDLER IDENTIFICATION FORM

1. Reason for Submittal and Status of Information Supplied (see instructions on pages 10 and 11)

CHECK CORRECT BOX(ES)

A. Reason for Submittal:

- ☐ To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☐ To provide subsequent notification (to update site identification information).
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application.
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment# _____).
- ☒ As a component of the Hazardous Waste Report.

2. Site EPA ID Number (see instructions on page 11)

EPA ID Number:

IND006049456

3. Site Name (see instructions on page 11)

Legal Name:

MID CITY PLATING CO., INC.

4. Site Location Information (see instructions on page 11)

Street Address: 921 E. CHARLES ST.

City, Town, or Village: MUNCIE

State: IN

County Name: Delaware

Zip Code: 47305

5. Site Land Type (see instructions on page 11)Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)**

A. 332813

B.

C.

D.

7. Site Mailing Address (see instructions on page 12)

Street or P.O. 921 E. CHARLES ST.

City, Town, or Village: MUNCIE

State: IN

Country: USA

Zip Code: 47305

8. Site Contact Person (see instructions on page 12)

First Name: RODNEY

MI:

Last Name: MUZZARELLI

Phone Number: 7652892374

Phone Number Extension:

9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)

A. Name of Site's Legal Owner:

Date Became Owner (mm/dd/yyyy):

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Operator:

Date Became Operator (mm/dd/yyyy):

Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

A. Hazardous Waste Activities

(choose only one of the following three categories)

- For Items 2 through 6, check all that apply:**

- In addition, indicate other generator activities (check all that apply)**

- [illegible]

EPA ID No.

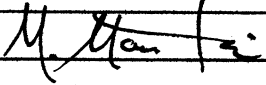
IND006049456

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (see instructions on page 17)

--

13. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm-dd-yyyy)
	GENERAL MANAGER RODNEY MUZZARELLI	2/25/05



OFFICE OF LAND QUALITY ANNUAL MANIFEST SUMMARY REPORT

REPORT YEAR 2004

FORM
OS

RCRA ID IND006049456

MAR 01 2005

OFF-SITE
SHIPMENTS

GENERATOR NAME MID CITY PLATING CO., INC.

Hazardous Waste Description	HAZARDOUS WASTE SOLID, N.O.S., 9, NA3077, PGIII, (F006) FILTER CAKE FROM WASTEWATER TREATMENT
Waste Codes	F006

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UNIT OF MEASURE	MGMT CODE	# OF SHIPMENTS	REJECTED/ RETURNED
1	MID000724831	MICHIGAN DISPOSAL BELLEVILLE, MI	<u>379358</u> <input checked="" type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS	H132	12	N N
2			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			
3			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			
4			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
1	IND984957563	K-COM TRANSPORT SERVICES
2		
3		



OFFICE OF LAND QUALITY ANNUAL MANIFEST SUMMARY REPORT

REPORT YEAR 2004

**FORM
OS**

RCRA ID IND006049456

OFF-SITE
SHIPMENTS

GENERATOR NAME MID CITY PLATING CO., INC.

Hazardous Waste Description	WASTE CYANIDE SOLUTION, NOS, 6.1, UN1935, PGIII, (F008) (CYANIDE)(SODIUM CARBONATE) FROM PLATING BOTTOMS
Waste Codes	F008

	TSD FACILITY RCRA ID NUMBER	TSD FACILITY NAME LOCATION CITY AND STATE	QUANTITY SHIPPED AND UNIT OF MEASURE	MGMT CODE	# OF SHIPMENTS	REJECTED/ RETURNED
1	MID000724831	MICHIGAN DISPOSAL BELLEVILLE, MI	11000 <input checked="" type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS	H073	4	N N
2			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			
3			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			
4			<input type="checkbox"/> POUNDS <input type="checkbox"/> SHORT TONS <input type="checkbox"/> KILOGRAMS <input type="checkbox"/> METRIC TONS			

	TRANSPORTER RCRA ID NUMBER	TRANSPORTER NAME
1	IND984957563	K-COM TRANSPORT SERVICES
2		
3		